

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13399
State File No.
3601
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1008 S. CARDINAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 S. Cardinal
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Tampy Bolden 435

(b) If veteran, _____ (c) Social Security
name war _____ No. none

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Brian Bolden 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 16, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 2 If less than one day
hr. _____ min. _____

9. Birthplace Livingstone, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Horace Bolden
(b) Address 1108 S. Cardinal

17. (a) _____ (b) Date thereof 4-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingstone, Ala.

18. (a) Signature of funeral director English and Co.

(b) Address 2931 Berkeas Ave

19. (a) APR 22 1940 (b) J. D. Bolden
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18
year 1940 hour 8:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from Mar 15 to Apr 18, 1940
that I last saw him alive on Apr 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Mitral Reg.
Due to Senility

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Johanna D. Wilson (M. D. or other) _____
Address 201 N. Wilson Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Louis V. Austin

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.